FOR - STATE

Burial

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH YEAR 26 HOUR 05-14-82 1845PM 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Garrett County. 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Farmer Farming 13e. STREET ADDRESS Star Route, Box 33 15 MOTHER'S MAIDEN NAME MIDDLE Lowdermilk Route, Box 33 Martha A. Bishoff, Friendsville, Md.2153 APPROXIMATE INTERVAL revocaleratio Vascular Diver PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [] 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN 23d, LOCATION

CITY OF TOWN

Friendsville

AV 20 1902 Links

-Garrett

Hoves Cemetery

Grantsville, Md.

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2	4 FU	NERAL DIRECT	OR	ADDRES	55		250. DATE	REC'D. BY REGISTRAR 25	b. REGISTRAR	SATU	Mari	W .
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Monose Market Cause (or international flow internat	0.21201	H. IF ANY 2, AND 3. RETA 2 AL FECTION	M	THER'S NAME	d Garr	•tt	Grant		YES NO DE	Route 2,	Box 70	) A	
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MMEDIATE CAUSE (o) METASTATIC CARCINOMS  DUE TO, OR AS A CONSEQUENCE OF  (b) Primary location left breast  III  Conditions, if ony, which gove rise to immediate couse (o) Istaling the under- lying couse lost.  (c)  PART 2 DIRES SIGNIFICANI CONDITIONS CONTRIBUTING TO DIATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o).  PART 2 DIRES SIGNIFICANI CONDITIONS CONTRIBUTING TO DIATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o).  PART 2 DIRES SIGNIFICANI CONDITIONS CONTRIBUTING TO DIATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o).  PART 2 DIRES SIGNIFICANI CONDITIONS CONTRIBUTING TO DIATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o).  PART 2 DIRES SIGNIFICANI CONDITIONS CONTRIBUTING TO DIATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o).  PART 2 DIRES SIGNIFICANI CONDITIONS CONTRIBUTING TO DIATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o).  PART 2 DIRES SIGNIFICANI CANDICAL CONDITIONS CONTRIBUTING TO DIATH NUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o).  PART 2 DIRECT CONTRIBUTING COURSE WAS UNDERLY IN THE MISPART I OR PART 2) TO A AUTOPSY?  YES DIRECT PACCION, TANA. ETC.)  PART 2 DIRECT		OURS AFTI	- "	No 18. CAUSE C	F DEATH (Enter on	ly one cause per lin			George F			antsv	ille.
Accident Acc	ESTON ST	HIN 24 HO IN ITEM I R ALONG SIT PERMI HYGIENE,		17	4 CIMMEDIA	TE CAUSE (0)	R AS A CONSEQU	JENCE OF					
220. Icertify the Arack charge of the remains described above, held an Autapsy Inspection Inquiry ond in my opinion death resulted from: Natural couses Accident Suicide Homicide Undetermined manner  TITLE (SPECIFY)  MEDICAL EXAMINER DATE Madra DEPUTY  MEDICAL EXAMINER DATE	101 W. PR	N P EXA		gove ri cause (a	se to immediate stating the under-				ion leit	preast			
220. Icertify the Arack charge of the remains described above, held an Autapsy Inspection Inquiry ond in my opinion death resulted from: Natural couses Accident Suicide Homicide Undetermined manner  TITLE (SPECIFY)  MEDICAL EXAMINER DATE Madra DEPUTY  MEDICAL EXAMINER DATE	CORDS, 3	BE EXEC NDING" MEDICAL AS A BUI ALTH AND MATION,	NOI	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	RUT NOT RELATED TO	THE TERMINAL DISEA	E OR CONDITION GIVEN IN PA	RT 1 (e).			
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220. Icertify the Arack charge of the remains described above, held an Autapsy Inspection Inquiry ond in my opinion death resulted from: Natural couses Accident Suicide Homicide Undetermined manner  TITLE (SPECIFY)  MEDICAL EXAMINER DATE Madra DEPUTY  MEDICAL EXAMINER DATE	SION OF	THE WELL THE WARTMEN	SICAL CE	UNDERLYING CONTRIBUTI	OR CAUSE OF	HOUR A.	M. MONTH DAY M.	YEAR 19		D LENTER NATURE OF INJURY II	I ITEM 18 PART 1 OR PA	(RT 2)	
death resulted from: Natural couses Accident Acc	DIVI	DE BE ON	MEI	WHILE AT WORK	NOT WHILE D	STREET, FA	CTORY, FARM, ETC.)		STREET				STATE
James H. Feaster, Jr., Modr.D. 107 S. 2nd. St., Oakland, Md.  236. BURIAL CREMATION, REMOVAL 235. DATE 236. NAME OF CEMETERY OR CREMATORY CITY OF TOWN  BP BURIAL CREMATION, REMOVAL 235. DATE 236. NAME OF CEMETERY OR CREMATORY AVILTON. Garrett. Md.					'//			1/	Homicide .			sinion	
BP Burial 6-3-1982 St. Ann's Cometery Avilton, Garrett, Md.		DICAL EX FE THE CE A SHOUL VERAL DI DEATH, V ORE, MAI		SIGNATURE	Man !		-IJ	4(	A.D. DEPUTY				
DI AVII DO CONTRACTOR DE CONTR		PAGE AFTER BATTER		URIAL, CREMA	Jam	23b. DATE	23c. NAME						
OHAH-17 (VR A15 ME (5)) (VR A15 ME (5)) (VR A15 ME (5)) (VR A15 ME (5))		DHMH - 17							250. DATE	Avilton	Garre	M	Passoc.

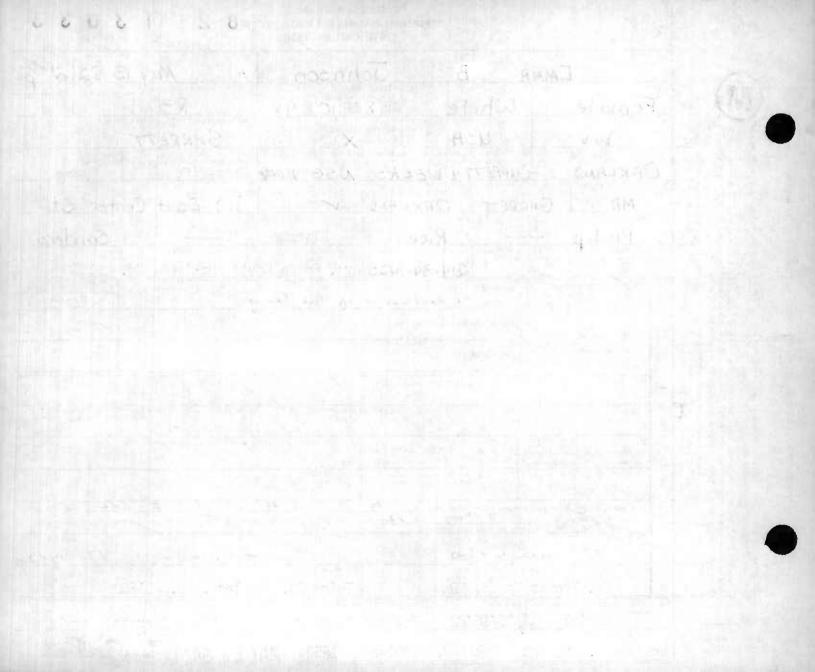
STATE OF MARYLAND

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	= STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								
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1	sex Male	White	5. DATE OF BIRTH	YEAR LAST BIRTHO	ARS IF UNDER 1 YR.  AY) MONTHS DAYS  RS.	IF UNDER 24 HR	PRONOUNCED DEAD	молтн 5	10 8:	4.0	
2	BIRTHPLACE (		U.S.A.		WIDOWED [	VER MARRIED C	Garr	ett			
25	Oaklan	d	(DOA) GE	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS) Arrett Co. I	Mem. Hospi	FC	SUAL OCCUPATION PROST OF WORKING LI	FE)	126 KIND OF E OR INDUS	TRY	
5 130	STOP	Pre	or other institution, G TY Liten	Terre Alt	13d. INSUDE (I		TREET ADDRESS.	State	St		
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3 3	N WAS DECEASI	D EVER IN U.S. ARI	MED FORCES?	236-18-73			a Hardest	y, Jerr	E. Sta a Alta,	te	
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A STATE OF THE PARTY OF THE PAR	UNDERLYIN	AL CAUSE WAS  G OR ING CAUSE OF I	DEATH P.W	M. MONTH DAY YEA	21c. HOW INJURY	OCCURRED (ENT	ER NATURE OF INJURY IN	ITEM 18 PART 1 OR P	YES ART 2)	٨	
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AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	TITYDE OD DO	NT) James	n. reasi	cer. Jr., M	D. ADDRESS	U/ S. 2n	d. St 0	akland.	Marvla	TIC.	

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STATE OF MARYLAND



Oakland, Maryland

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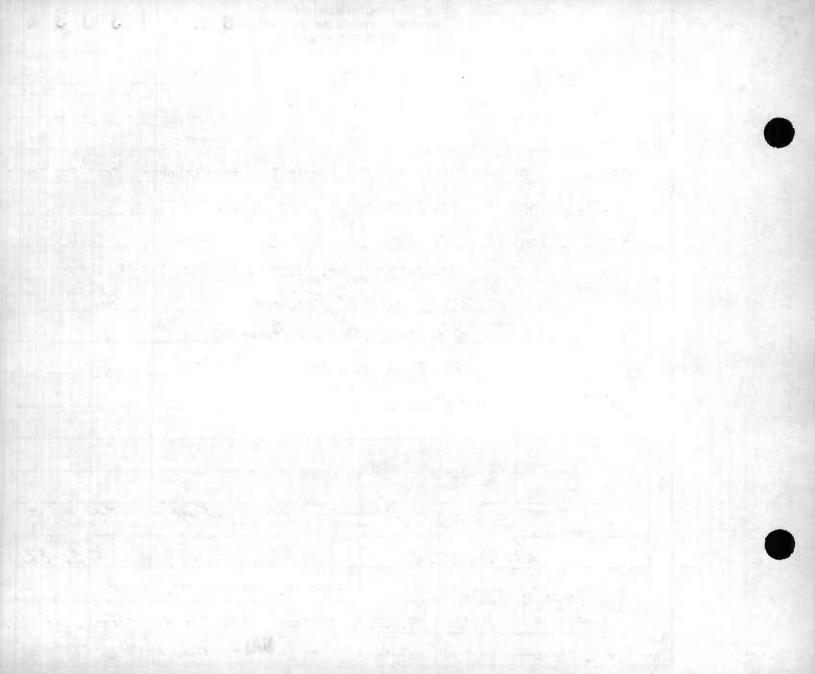
FOR STATE REGISTRAR

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d			JU	NKINS	Ma	ay 18,	1982			12	40P M
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ocer	20ses						L III				
196	CONDITION FO	R WHICH	OPERATIO	N WAS PERFORMED	20a A	NOK	IN CERT	ES, WER	E FINDIN CAUSES	OF DEA	TH?
	D. TIME OF INJURY OUR A.M. MO P.M.		Y YEAR	21c HOW INJURY OCC	URRED (ENT	ER NATURE OF IN	JURY IN ITEM 18	3, PART 1 OI	RPART 2)		
21e (AT	PLACE OF INJUR HOME, STREET, FACTO	RY, OFFICE, FA	RM, ETC.)	211 LOCATION STREET		CITY OR T	OWN	со	YTHU		STATE
on_s	anded the deceas	19.1	pec, ar	nd that in (my) xxx opini	on deoth oci	made on the	dote and he		from the		
1	On the body after dec	/		DEGREE				2	2c DATE	SIGNED	>
PE OR PRINTING	gram	mo		ATTENDING PHYSICIAN	MEDIO DIREC	TOR PHYS	AFF SICIAN [		5-2	1-6	92
	rant, MD			Third St.,	0akla	and, Mo	d. 21	550			
/At 236. [				EMETERY OR CREMATOR		OCATION LITY OR TOWN		COUNT		s	TATE
	5/21/82	I.	0.0.1	- Cemetery	E.	lk Gard	den, M	liner	al,	Wes	t Va.
ant	Nakland	DORESS May	wland		MAY 2	5 198Z		STRAPS	IGNAP	USE V	Mysperia - 10-2

DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR

Bradley A. Stewart



-		FOR		F MARYLAND	ADD do a seri	
		STATE	MEDICAL EXAMINER'S	TH AND MENTAL HYGIE	2 1 3	0 3 5
A MILES		REGISTRAR CEASED NAME FIRST	WIDDLE	LAST LAST	REG. NO.	DAY YEAR 26 HOUR
		E OR PRINT) Mary	Marguerite NAI	JGLE	OF ESTI-	
5065	3. SEX			UNDER 1 YR. IF UNDER 24 HRS		1119 82430 A
15			MONTH DAY YEAR LAST BIRTHDAY)	ONTHS DAYS HOURS MIN	PRONOUNCED 5	24 11001
20		male   White	8-2-1893 88 YRS. 7b. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUNT	11 19 82630A
2	FC	REIGN COUNTRY)	MA.	ARRIED NEVER MARRIED		TOPDEATH
and the same of th	10 C	ennsylvania	USA WID	OWED DIVORCED	G SCL L O O O	MD.  12b KIND OF BUSINESS
1	)		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	FC	R MOST OF WORKING LIFE)	OR INDUSTRY
6		rantsville	Star Route (Rura)	L) H	omemaker	Own Home
75		TATE THE COUNTY	TY 13c. CITY OR TOWN	13d INSIDE CITY LIMITS? 13e ST	REET ADDRESS	the second
1	_		gomery Silver Spri		0016 Tenbrook	Drive
1	14. F/	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
1		William	W. Stiver, Sr.	Jennie		affer
5	16a. V	WAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	17. INFORMANT	18516 Te	nbrook Dr.
d		No .	187-36-880	l Elizabeth	Phillips, Silv	
	1	18. CAUSE OF DEATH (Enter or PART   DEATH WAS CAUSE	y ane cause per line far (a), (b), and (c).)		ARTE THAT OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	100		ECAUSE (a) Coronary art	ery disease	Child Edward	Years
7		4141	DUE TO, OR AS A CONSEQUENCE OF			
		Canditions, if any, which gave rise to immediate	Arterioscler	osis, general	ized	11
	1	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
		tying coose tost.	(c)			
		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVEN IN PART 1 (a).		
	o N					
)	CA	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED?	Service	20. AUTOPSY?
lect	F				0111	YES NO NO
2	CER	210. EXTERNAL CAUSE WAS		C. HOW INJURY OCCURRED (ENTI	ER NATURE OF INJURY IN ITEM 18 PART 1 OR PAI	RT 2)
1	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M. 19			
	MEDICAL CERTIFICATION	21d. INJURY OCCURRED  WHILE DOT WHILE (	21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)	LOCATION	CITY OR TOWN COL	UNTY STATE
	2	WHILE NOT WHILE [		XIII BURLETINE		
	1	22a   certify may   taak chare	e af the remains described above, help an Au	stapsy , Inspection X.	Inquiry X, and in my op	inian
			al causes Accident Suicide		etermined manner ,	
7	1	X		TITLE (SPECIFY)		
		ACTUAL SIGNATURE	1 STEAN	O DEDTIONS	DATE SIGNE	5-11-1982
1	1	1	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SIOIAE	
7		EXAMINER'S NAME Jame	H. Feaster, Jr.,	M. ADDOES 107 S.	2nd. St., Oak	land, Md.
	23 a. B	URIAL CREMATION REMOVAL	3h DATE 1236 NAME OF CEMETER	Y OR CREMATORY 23d.	LOCATION ITY OR TOWN COUN	
		Burial	May 15,82 Union Co		versdale. Some	
		UNERAL DIRECTO	antanta antanta	25a. DATE REC'D.	BY REGISTRAR 256. REGISTRAR'S S	IGNATION .
	14	Lynn / few	Grantsville,	Md. MAY 1	9 1982 Minus	
	Acres 1	V /				

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		FOR	DEPAR		F MARYLAND LTH AND MENTAL HY	GIENE 8 2	1 3	0 3
	1.	STATE REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N		0 0
		CEASED NAME FIRST	MIDDLE	LAST			MONTH DAY	YEAR 26 HOU
	(,,,,	Arthur	Franklin	POWE	LL	May 15, 1	1982	01:
	3 SE	X	4 RACE	5 DATE OF B		6 AGE (IN YEARS LAST BIR	THDAY) IF UND	ER I YEAR IF UNDER
		ale	White		ary 22, 192!	5 57	YRS	DATS HOURS
00		RTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DE	ATH
377	2	est Virginia	U. S. A.	WIDOWED		Garret		
1	10 C	IT OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ET ADDRESS)		170 USUAL OCCUPATION OF COMMON OF CO	ON 12b DE WORKING LIFE) INC	KIND OF BUSINE
100	MSII	akland	Garrett Co. Mem		ospital	Janoesanar		
又	WV	STATE NO COL	veston 13gcity or to	MF+ 1131	INSIDE CITY LIMITS?	RESTREE ADORES B	ex 23	
ine	14. FA	ATHER'S NAME			MOTHER'S MAIDEN NA	AME		
137		Charles	MIDDLE Powell LAST		Betsie	Alice	Mil	ler
dicoll	160 V	VAS DECEASED EVER IN U.S. A JES NO OR UNKNOWN) (IF YES, G			INFORMANT	ADDRE		0 00
E 3	1	(IF YES, G	GIVE WAR OR DATES) 235-20	0-0977	Mrs. Jusie	M. Powell,	Rt. # 1,	Box 23,
- <del>1</del>		18 CAUSE OF DEATH (Enter of	only one couse per line far (o), (b), o	and (c).		Jeva 1	teta, "	AFREX MATE INTER
ent,		PART I. DEATH WAS CAUS	SED BY:		PALL A			2 Row
C ev	. 0	IMMEDIA	ATE CAUSE (a)	ALCO IN	- FAILUR			of show
tou.		7140	DUE TO, OR AS A CONSEON	UENCE OF				
20		Canditians, if any, which	( (b) COR	ONARY	AKTERIOIC	Lenosis		
1	19	gave rise to immediate cause (a), stating the						
othe		underlying cause last	DUE TO, OR AS A CONSEOR	UENCE OF				
0			(c)					
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERA	AINAL DISEASE OR CON		
22	7			-			214 1 1 200	
	NO.		F ASCENDING	COLO	N DIA	ABETU O	HYPERT	DUSTON
olu ini	ATION		F ASCENDING			200 AUTOPSY?	206. IF YES, WERE	FINDINGS USED
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ws ony inju	ERTIFICATION	ABSCESS O	196. CONDITION FOR WHIC	H OPERATION V	VAS PERFORMED	20a AUTOPSY?  YES NO	206. IF YES, WERE IN CERTIFYING C	FINDINGS USED CAUSES OF DEAT NO
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Pept. at Health and Mental Hygiene Item 21 is marked at Item 18 shows.	WEDICAL WEDICAL	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WMILE NOT WHILE AT WORK 270. Scertify they (1) this hasp sate of the second dive of the second diversity well did it did not second to the second diversity well did it did not second to the second diversity well did it did not second to the second diversity well did it did not second to the second diversity well did it did not second to the second diversity well did it did not second to the second diversity well did it did not second to the second diversity well did it did not second to the second diversity well did it did not second to the second diversity well did it did not second to the second diversity well did it did not second diversity with the second diversity well did it did not second diversity with the second diversity well did it did not second diversity with the second diversity well did it did not second diversity with the second diversity well did it did not second diversity with the second diversity well did it did not second diversity with the	19b. CONDITION FOR WHICE  21b. TIME OF INJURY HOUR A.M. MONTH E P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE  pital) offended the deceased from (in) OR PRINT)  Zelman  1. [23b. DATE [23c.	DAY YEAR 19 21 FARM ETC) 22 NAME OF CEME	IL LOCATION STREET  1 LOCATION STREET  19  ATTENDING PHYSICIAN E ADDRESS  Oakland, Mc	20a AUTOPSY?  YES NO CITY OR TO  CITY OR TO  CITY OR TO  ACCURRENT OF INJUIT  CITY OR TO  215. 215.50	TO THE PART OF THE	PART 2)  UNITY  S  LOT THE COLUMN TO THE COLUMN THE COL

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51 1 1 needon was also TRUCA reliait esile 27-2-17 M. Wie . and , 1. 1, 122 22. Shared Should Addition was mic 1-1-2 erma l'a e c' nu na lla ner'on enter the same - STATE

REGISTRAR

25. 1982 3:13 am 6. AGE LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HRS **BALTIMORE CITY OR COUNTY OF DEATH** GARRETT 17h, KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 200 WIEGAND DRIVE LAST EDWARD RITCHIE, SR. LA VALE APPROXIMATE INTERVAL Minut RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (a) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN BURIAI 5-27-1982 24 FUNERAL DIRECTOR HATTURE DHMH - 16 50M 1/81 (VRA 15, 4) -STEIN FUNERAL HOME. INC. CUMB. MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

7h HOUR

and the mark thanks believe a strong a first than a A SECULIAR OF STATE O CI TANALA CAMPINENO AT LANCE STANDAY SOUT-19-5 A TO THE THE PARTY OF THE PARTY STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Bef: C Enct , SS Hall MINARE Volumes = igffim 33871150 FEB. E. J.E.C Saisland Garrett Co. Memorial Honoital Broadcasting Arroundelles an Haryland Garrett Gortner ' in Mt. #2, Box 106 R. Shaver Hartha E. Spitzer TIOL 225-03-2202 Mabel M. Shaver, Cumberland, Baryland The second property of the second party and the Property and the control of the cont tared Releas, v.o. Fourth Street Oakland, Maryland 21550 Burial Lay 26, 82 Davie Memorial Cert's berland, Allegany, 16. william G. Kight, Cumberland, Maryland White Med Sharker

FOR - STATE

DHMH - 16 50M 1/BI

(VRA 15, 4)

REGISTRAR

industry Home New Creek Drive Hedrick Keyser, Mrs. Nellie Wells, New Creek Drive, w. Va. APPROXIMATE INTERVAL minu 1 uter train PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , and that in (my) ( aprinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED COUNTY Potomac Mem. Gardens Keyser Mineral 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Keyser, W. Va. Funeral Home 1118

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

YEAR

82

IF UNDER I YEAR

2b HOUR

12b. KIND OF BUSINESS OR

4:00A

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		1.	FOR			DEPARTM	STATE ENT OF HE.		RYLAND	AL HYGIEI	NE						
1	0	1-	STATE REGISTRAR		ME		CAMINER				24	REG.	N	3	0 4	0	
	(NA)		CEASED NAME	FIRST		WIDDLE		LAST			2c. DATE	KNOWN		ITH D/	AY YEAR	2b. HOUI	
	₩ % S. 코트	(14)	E OK PRINT)	Melvin	Но	ye	STANT	ON,	Jr.		OF DEATH	ESTI- MATED	_	29	19 82	8A	
	JEGESSARY, PLEASE UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOUR. PRESTON STR	3. SE	4	. RACE 5	DATE OF BIRTH	YEAR 6.		IF UNDER		IDER 24 HRS			MON	TH D			
RY, F	N S S S	M	ale W	hite	4-11-19		59 YRS.	MONTHS	DAYS HOUR	S MIN.	PRONOL DEA		5	29	1982	5P ,	
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FUNERAL 5 FOR YOUR THE			aryland		USA			IDOWED	_	ORCED	Ga	rrett	Cour	atv.		AAF	
오부병묘근	111	10. C	TY OR TOWN O	F DEATH 1	1. NAME OF HO	SPITAL, NURS	ING HOME, OI	OTHER I		12a US	SUAL OCCI	JPATION		RK 12b.	KIND OF	BUSINESS	
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- m - m	m		L RESIDENCE (#	IN NURSING HOME OR C	THER INSTITUTION, G	IVE RESIDENCE BE	ORE ADMISSION)								COLL AIL III	0	
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STATE OF MARYLAND FOR
- STATE
REGISTRAR CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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14: FA	ATHER'S NAME				15. MOTHER'S MAIDEN NA			(5)	
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Oakland, Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

Robert M. Durst

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO . DECEASED NAME 2a DATE KNOWN X 2b HOUR (TYPE OR PRINTI Underwood Benjamen ESTI-John DEATH MATED 8 1982 10Pm SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR MONTH 8 BIRTHDAY) OT PRONOUNCED M DEAD 1982 1100 Te. BIRTHPLACE ISTATE OF 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Kansas Garrett WIDOWED | DIVORCED 8. GIVE PAGES 1, 2, AND 3 TO THE FU WITH FORM PM 3. RETAIN PAGE 5 T. PAGES I AND 2 SHOULD BE FILED. DIVISION OF VITALRE ONDS 201 W. B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SUAL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION Song Evangilist Church 13e. NREET ADDRESS 289 le STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Deer Park NO PG Mel. Garrett YES [ 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Underwood 18. GIVE PAGES 1, WITH FORM PM MIDDLE MIDDLE LAST William UNK UNE UNK 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. LYES, NO. OR UNKNOWNI Mrs. Alice Underwood Deer Park, Md 60 4423 NO18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Minutes IMMEDIATE CAUSE (o)\_\_\_\_ Fractured skull DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Car fell on head gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CRTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DURECTOR, PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE. MARYLAND, 2) 201 PRIOR TO BURILA YES [ 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING TO OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 1992 Working on car which fell on victim 210 PLACE OF INJURY (ATHOME, 21f LOCATION STREET STREET, FACTORY, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK AT WORK Deer Park Garrett Maryland Home 22a. I certify that I took charge of the remains described above, held-arm Autopsy Inspection and in my opinion death resulted from: Homicide Notural couses Accident 2 Suicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 5-9-82 DEPUTY SIGNATU MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) James H. Feaster, Jr., M. D. ADDRESS 107 S. 2nd. St., Oakland, Maryland 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY Jessamine Ky Wilmore Wilmere Cemetery BP. 5-13-82 Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) David A. Burdeck Kitzmiller, Md. 15M 2/80

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours referreding physician. Wher this certificate has been signed by the offending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by as the burial-transition provided are removed.  In and Mental Hygiene prior to burial, cremation, or removal.  Or shows ony injury, or other traumatic event, the medical examines must be recovered or them 18 shows ony injury, or other traumatic event, the medical examines must be recovered.	z	Conditions, if ony, wh gove rise to immedia	nich ote the ost.	DUE TO, O	R AS A CONS	SEQUENCE OF	OT NOT RELATED	LA CONTRACTOR	AINAL DISEA	ASE OR CON	DITION G	IVEN IN	PART No	1
AL RECORE the law requirements to permit. The tene prior it to aw sony injury.	CERTIFICATION	19a. DATE OF OPERATION	7	19b. COND	ITION FOR W	HICH OPERAT	ON WAS PERFO	PRMED	20a AU	TOPSY?	IN CERT	ES, WERE		GS USED OF DEATH? NO
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TO HOSPITAL retoined by to TO FUNERAL should be determent with the Stote IMPORTANT:	23a	Andrew BURIAL, CREMATION, REM	E. 1	MAN.	Ċe	23¢ NAME OF	CEMETERY OR C	CREMATORY		S+-	Oa	klas	cd,	Nd.
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BP\_\_\_ DHMH - 16 50M 1/81 (VRA 15, 4)

74 FUNERAL DIRECTOR
David A. Burdeck

Kitzmiller, Md. 21538

